



MONTHLY REPORT OF WAREHOUSE VALUES

VALUES FOR THE MONTH OF: _____

REFERENCE NO.: _____

INSURED: _____

POLICY NO.: _____

PRODUCER: _____

DATE: _____

LOCATION (INCLUDE STREET ADDRESS)	AMOUNT INSURED (PER OPEN POLICY VALUATION CLAUSE)	RATE PER \$100	AMOUNT OF PREMIUM
1.			
2.			
3.			
4.			
5.			
6.			
7.			

INSURED'S SIGNATURE _____